

Dear Claimant,

Claim #

The enclosed Claim Form must be completed and returned to DNR in Baton Rouge within 90 days of the incident. **UNDER NO CIRCUMSTANCES CAN A CLAIM FORM BE PROCESSED IF IT IS POSTMARKED MORE THAN 90 DAYS AFTER THE INCIDENT.** If you cannot obtain all the required attachments for your claim within a reasonable time, you can mail your **notarized, completed** Claim Form without the attachments to avoid missing the 90-day deadline.

If you obtain a claim form online your claim number will be provided when you return your notarized claim form. If your claim information is taken over the telephone, a claim number will be assigned at that time. After you are notified of your claim number, please have your claim number when calling about your claim.

The following is a list of items we will need before we can start processing your claim:

- 1. ATTACHED CLAIM FORM, SIGNED AND NOTARIZED** - Make sure that all questions are answered and the form is **signed and notarized (with a raised seal)**. This will serve as a legal document. Your Claim Form must be postmarked no later than 90 days from the date of the incident.
- 2. COPY OF FRONT & BACK OF COMMERCIAL FISHING LICENSE** - The license must be valid for the year in which the incident took place. Make sure the writing on the card is legible on the photocopy.
- 3. COPY OF FRONT & BACK OF BOAT REGISTRATION PAPERS** – A copy of the State of Louisiana Boat Certificate or boat operator's U. S. Coast Guard Documentation # that was valid at the time of the incident. Make sure that the writing on the card is legible on the photocopy.
- 4. WITNESS STATEMENT(S)** - A separate, handwritten statement explaining the incident from each witness (s) in their own words must be sent in with the Claim Form. It must include the name, address and telephone number of the witness, **signed and notarized (with a raised seal)**.
- 5. LORAN READING** - If you are sending in a loran reading, make sure that the reading is at least a 5-digit reading. Example: 46868.50 & 27732.45 or 46868 & 27732. If your reading does not look like this example, then this is not the information we need. Instead, give us a very detailed description of where we can locate the underwater obstruction for map marking purposes.
- 6. COPY OF FEDERAL & STATE INCOME TAX FORMS AND SCHEDULE C** - Completed and signed copies of the previous year's 1040 income tax forms and Schedule C must be provided. Example: If incident occurred in July of 1996, then forms for 1995 would be required. If incorporated, send copies of 1120S and state also. If wages, salaries, tips, etc. are recorded on Line # 7 of Federal Income Tax Form, please send copies of all W-2's. Please make sure all parties have signed and dated both Federal and State Income Tax Forms.

**7. ORIGINAL RECEIPTS FOR DAMAGE** - The receipts or estimates must be on **letterhead** from an **official net shop, boat shop, drydock company etc.** It must include the date, seller's name, address and telephone number. The claimant's name should be on the invoice and a description of the items to be repaired or replaced. For an outboard motor, the estimate/receipt must have the serial number of the motor on it. **PLEASE SEND ORIGINALS, THEY WILL BE RETURNED TO YOU.**

**8. COPY OF RECEIPTS FOR OLD GEAR** - The receipts for the damaged gear must be a completely filled out receipts. It must have the date, full name, address, and telephone number of the seller printed or written neatly on the receipt. It should also have the claimant's name and/or address on it. If a claimant makes his/her own nets, receipts for materials used to make nets or equipment will be needed. If a boat has direct damage, a photograph of the boat, showing the damage, and a photograph of the registration number and name (if named) on the boat will be needed. If the motor has been damaged, please send photographs of the motor still attached to boat or a photograph of the serial number of the motor with receipt showing the same.

**9. PICTURES** - Pictures of damage are optional except where indicated above in # 8. However, they may help speed up processing your claim.

**10. COPY OF W-9** - The attached Form W-9 (Request for Taxpayer Identification Number and Certification) must be completed, signed, dated and returned with your claim. No claims will be paid unless this form is on file with the state.

**11. COPY OF FRONT & BACK OF VESSEL & GEAR LICENSES** – The licenses must be valid for the year in which the incident took place. Make sure that the writing on the cards is legible on the photocopies.

Once we've received all documents listed above, we can process your claim. Your claim # must be **written on each document requested above.** If there are any questions, please contact the Fishermen's Gear Compensation Fund Office at (225) 342-0122. Some copies can be faxed (Only item #'s 2, 3, 6, 8, 10 and 11) to (225) 242-3306.

Filing a claim is a serious matter. The continued existence of the Fishermen's Gear Compensation Fund depends on the honesty of all claimants. **ALL CLAIMS ARE SUBJECT TO INVESTIGATION. LOUISIANA LAW PROVIDES CRIMINAL PENALTIES FOR FRAUD AND FILING FALSE RECORDS!!**

**PLEASE KEEP THIS INSTRUCTION SHEET FOR FUTURE REFERENCE.**

CLAIM FORM  
Fishermen's Gear Compensation Fund  
Department of Natural Resources  
P.O. Box 44277  
Baton Rouge, Louisiana 70804-4277  
(225) 342-0122

AN EQUAL OPPORTUNITY EMPLOYER

A.	1. Name _____	Claim No. _____
	2. Address _____ P.O. Box or Street _____	Claim Amt. _____
	City _____ State _____ Zip _____	
	3. Telephone Number _____	Parish of Residence _____

B. ONLY LOUISIANA CITIZENS WHO ARE FULL-TIME COMMERCIAL FISHERMEN MAY FILE CLAIMS.

4. Are you incorporated ? Yes \_\_\_\_\_ No \_\_\_\_\_ Sole owner of boat ? \_\_\_\_\_  
Corporation name \_\_\_\_\_ Name of co-owner(s) \_\_\_\_\_

5. Social Security # and/or Corporation Number, if incorporated. \_\_\_\_\_

6. What is your specific occupation ? (captain, deckhand, etc.) \_\_\_\_\_

7. What other sources of income do you have ? \_\_\_\_\_

8. Do you derive at least fifty percent (50%) of your income from Commercial Fishing ? \_\_\_\_\_

9. What is your Commercial Fishing license number ? \_\_\_\_\_

10. Owner of Vessel \_\_\_\_\_  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
P.O. Box or Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

11. Vessel: Name \_\_\_\_\_ Homeport \_\_\_\_\_  
Type \_\_\_\_\_ Length \_\_\_\_\_  
Number of people on board at the time of the incident: \_\_\_\_\_

12. Louisiana Boat Registration Number or U.S. Coast Guard Documentation Number \_\_\_\_\_

C. THE LAW LIMITS PAYMENT OF CLAIMS TO DAMAGE OR LOSS OF VESSEL OR FISHING GEAR DUE TO AN ENCOUNTER WITH AN UNDERWATER OBSTRUCTION LOCATED IN WATERS WITHIN THE LOUISIANA COASTAL ZONE, AS DEFINED IN R.S. 49:214.24.

13. Briefly describe the type of fishing operation being conducted and a **description** of how the encounter occurred. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Please give the location of the obstruction. Use Loran readings or longitude and latitude. In addition, give the physical location. (For example, one mile south of Grand Isle Beach, 1/2 mile east of Alligator Point, etc.)  
**Location** \_\_\_\_\_

15. **Lat./Long.** \_\_\_\_\_ **Loran** \_\_\_\_\_  
(Preferred)

16. Date of Encounter \_\_\_\_\_ Time of Encounter \_\_\_\_\_ Parish \_\_\_\_\_

17. Approximate depth: water ? \_\_\_\_\_ Obstruction ? \_\_\_\_\_

18. Give description and identity of obstruction, if known. \_\_\_\_\_  
\_\_\_\_\_
19. What efforts did you make to identify a party who may be responsible for the obstruction? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 
- D. 20. Total amount of claim: \$ \_\_\_\_\_
21. In your own words, describe the damage to your vessel or gear. Give a detailed description of the gear that was damaged. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
22. Do you have an insurance policy on this vessel ? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, complete the following: Policy Number \_\_\_\_\_ Insurance Company \_\_\_\_\_  
  
Insurance Agent: \_\_\_\_\_  
Name Telephone Number  
P.O. Box or Street State Zip  
Did you file with the insurance company? Yes \_\_\_\_\_ No \_\_\_\_\_ Received Payment? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is any of the damage stated above covered under this policy ? Yes \_\_\_\_\_ No \_\_\_\_\_
23. Have you filed a claim for the damage stated above under any United States Government compensation program ? Yes \_\_\_\_\_ No \_\_\_\_\_
24. If yes, which program and when \_\_\_\_\_
25. Have you ever filed a claim with this program ? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when did you last file ? Month \_\_\_\_\_ Year \_\_\_\_\_
26. Have you filed a lawsuit on this matter ? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If you are paid by an insurance company or oil & gas company, you are required to report payment to the Fund.)
27. Give **name, address and telephone number** of all witnesses to the encounter. You must submit **a notarized handwritten** statement from each witness. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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E. AFTER COMPLETION, THIS FORM MUST BE SIGNED BEFORE A NOTARY OR OTHER OFFICIAL EMPOWERED TO ADMINISTER OATHS. **LOUISIANA LAW PROVIDES PENALTIES FOR FRAUD.**

28. I certify that the information appearing herein is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

29. Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (include ID number)

ALL PROGRAMS AND SERVICES OF THE DEPARTMENT OF NATURAL RESOURCES ARE AVAILABLE TO ALL PERSONS.

Amended 05/04